RUSSELL COUNTY, KENTUCKY QUARTERLY LICENSE FEE RETURN I HEREBY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED NUMBER OF EMPLOYEES HEREIN & ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE & CORRECT. WORKING IN RUSSELL CO. 1. SALARIES, WAGES, COMMISSIONS &____ OTHER COMPENSATION OFFICIAL TITLE _____ DATE____ 2. LESS WAGES EARNED OUTSIDE _____ RUSSELL COUNTY PLEASE CHECK APPLICABLE BOXES: 3. TAXABLE EARNINGS _ (LINE 1 MINUS LINE 2) 4. TOTAL TAX (LINE 3 X ,0025) ____ __ I.D.# CHANGE_ __NO ACTIVITY (THIS FORM MUST BE RETURNED EVEN IF THERE 5. ADD (+) DEBIT OR SUBTRACT (-) CREDIT_____ WAS NO ACTIVITY THIS QUARTER) FINAL RETURN (INDICATES ALL TAXES HAVE BEEN PAID AND 6. PENALTY -10% YOU WILL NOT HAVE ANY ACTIVITY IN THE FUTURE) ADDRESS CHANGE (PLEASE NOTE BELOW) 7. INTEREST -8% PER ANNUM_____ * IF YOU REQUIRE A RETURN RECEIPT PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE 8. TOTAL DUE (COMBINE LINES 4,5,6 & 7) **FOURTH QUARTER INSTRUCTIONS** YOU MUST ATTACH A RECONCILIATION STATEMENT WITH THE FOLLOWING INFORMATION: TOTAL NUMBER OF EMPLOYEES, TOTAL AMOUNT OF GROSS WAGES, AND TOTAL AMOUNT OF TAX PAID. MAKE CHECK PAYABLE TO AND REMIT TO:TAX ADMINISTRATOR P.O. BOX 7 JAMESTOWN, KY 42629 (for info call 270-343-1404) FEIN / S.S.# FOR QUARTER ENDING DUE ON OR BEFORE QUARTER ENDED MARCH 31

PLEASE RETURN FIRST COPY AND RETAIN DUPLICATE.